BIDR-

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 312827

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4811 - 14 - 7655

APPLICANT/OWNER: Michael Booze | APPLICANT ADDRESS: 1490 Old Mill Farm Rd Lexington NC 27295

SITE ADDRESS: 762 Brookhaven Rd Statesville NC 28625 | PHONE: 336-955-2059 | ALT. PHONE 336-414-4439

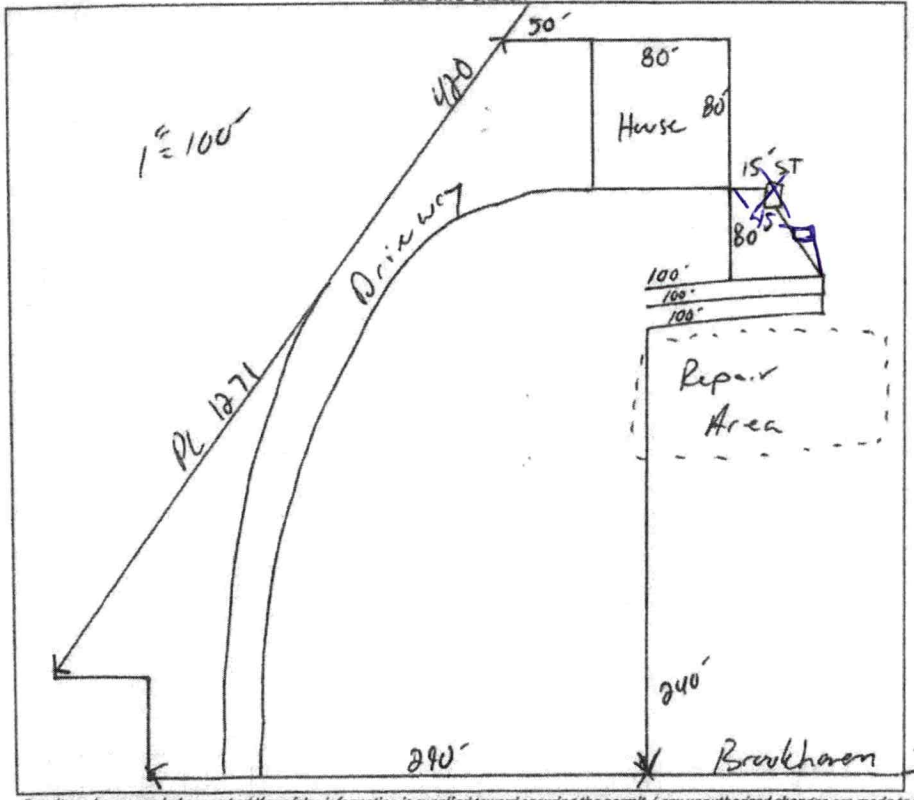
SITE DIRECTIONS: Corner of Mountain View and Brookhaven Road Statesville | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: - | SECTION: - | LOT # - | LOT AREA: 12.13 Acres | DESIGN FLOW: 360gpd | L.T.A.R.: 3/.25 Repair

Septic Tank	1000 (gal)	STB	760	Date	12/16/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction			☐ Business	No. Persons 6	☒ Private
Pump Make		Model		Serial #		Repair System Description:	25% Reduction			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	Max 24"	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☒ Basement w/o plumbing	

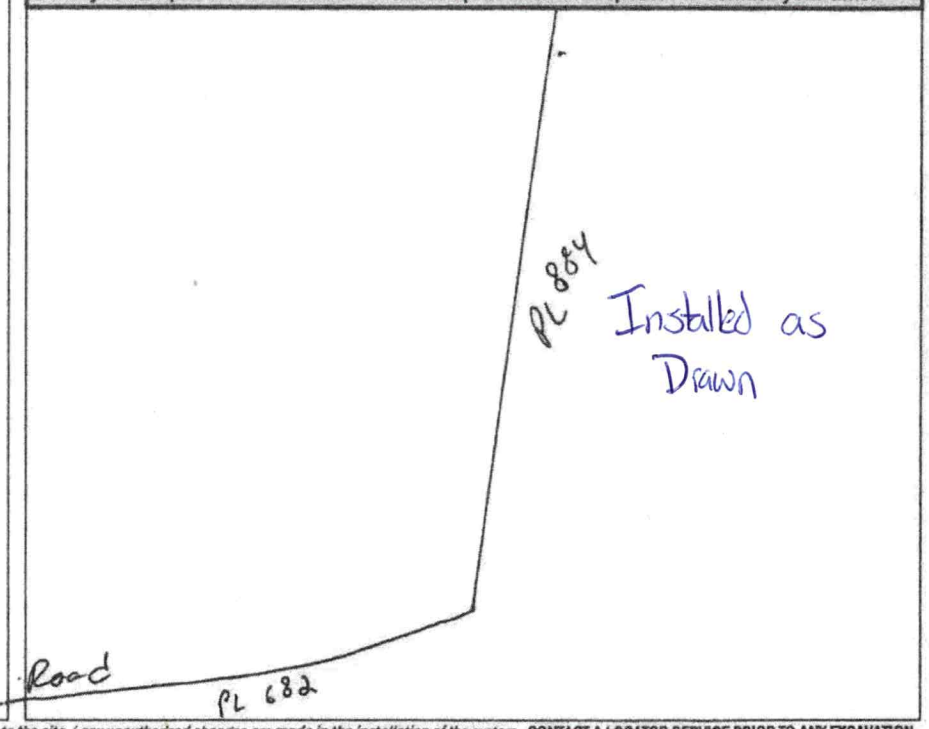
Comments / Conditions: Install Drainlines on Center of Land and use Serial distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 12/18/2022 Installed by: Bee Bee's Backhoe

IMPROVEMENT PERMIT by: [signature] Date: 12-14-2022 OPERATION PERMIT by: [signature] Date: 2/7/23

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12-14-2022 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 BCW Mooresville Office (704) 660-3625 PERMIT # 312827

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SITE DIRECTIONS: Corner of Mountain View and Brookhaven Road Statesville SAP CONTROLLED: ☐ YES ☒ NO

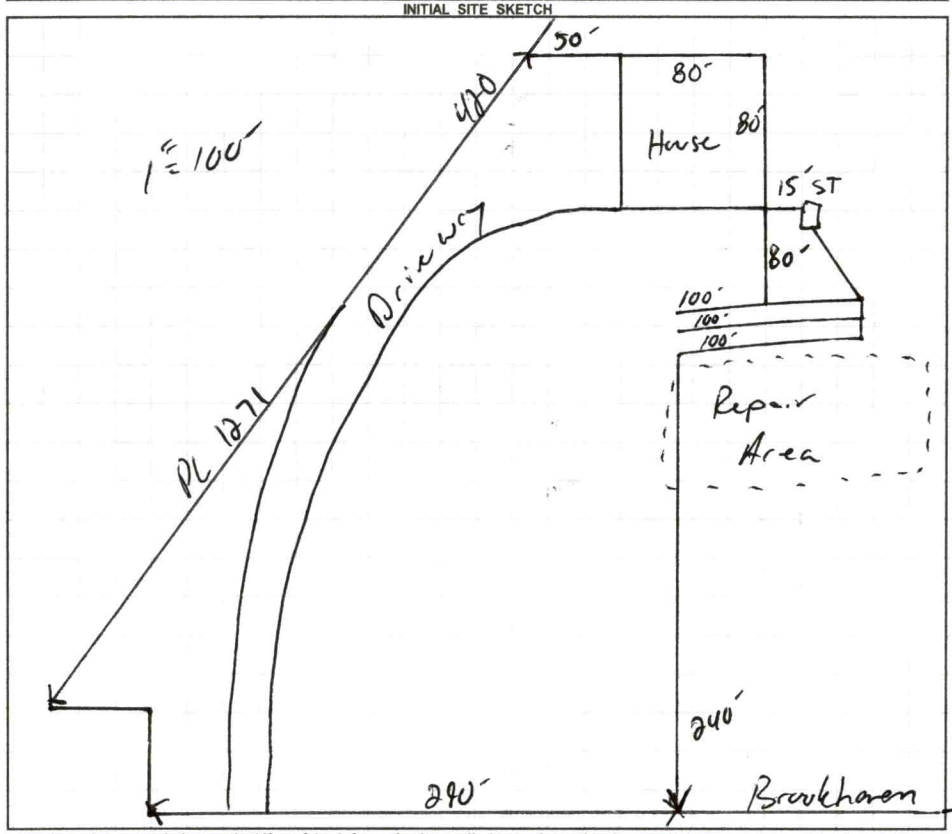
SUBDIVISION: - SECTION: - LOT # - LOT AREA: 12.13 Acre DESIGN FLOW: 360gpd L.T.A.R.: 3/.25 Repair

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction			
Pump Make			Model		Serial #		Repair System Description:	25% Reduction			
# Nitrification Fields	1		# Lines	3	Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth(~~Low side~~)	Max 24"	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE			

☒ Residence	No. Bedrooms	3	**Water Supply**
☐ Business	No. Persons	6	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☐ Crawl Space		☐ Community
☐ Basement w/plumbing			☒ Basement w/o plumbing

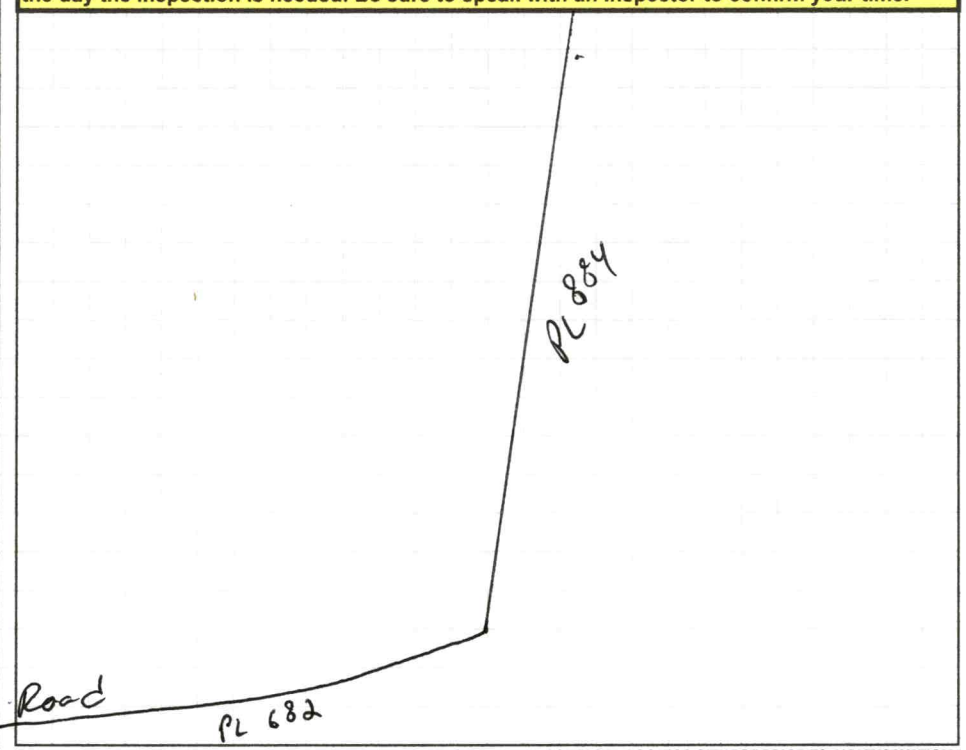
Comments / Conditions: Install Drainlines on Center of Yard and use Serial distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: _____ Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: 12-14-2020 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: 12-14-2020 Existing System Inspected by: _____ Date: _____

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4811147655
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Michael Boone
APPLICATION DATE: 11-24-2020
ADDRESS: 149 Old Mill Farm Lexington
DATE EVALUATED: 12-11-2020
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 12 Ac
LOCATION OF SITE: 762 Brookhaven
PROPERTY RECORDED: Yes
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 8%	0-6	SBK sicl	Fr SS SP Scap	N/A	48+	N/A	N/A	PS .3
		6-40	SBK C						
		40-48	SBK CL						
2	8% SS	0-6	SBK sicl		Red Inc @ 36+	48+	N/A	N/A	PS .3
		6-40	SBK C						
		40-48	SBK CL						
3	SS 8%	6-6	SBK sicl		Red Inc @ 36+	48+	N/A	N/A	PS .25
		6-40	SBK C						
		40-48	SBK CL						
4	SS 8%	0-6	SBK sicl		Red Inc @ 36+	48+	N/A	N/A	PS .25
		6-36	SBK C						
		36-49	SBK CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	360'
System Type(s)	25%	25%
Site LTAR	.3	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Boone
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

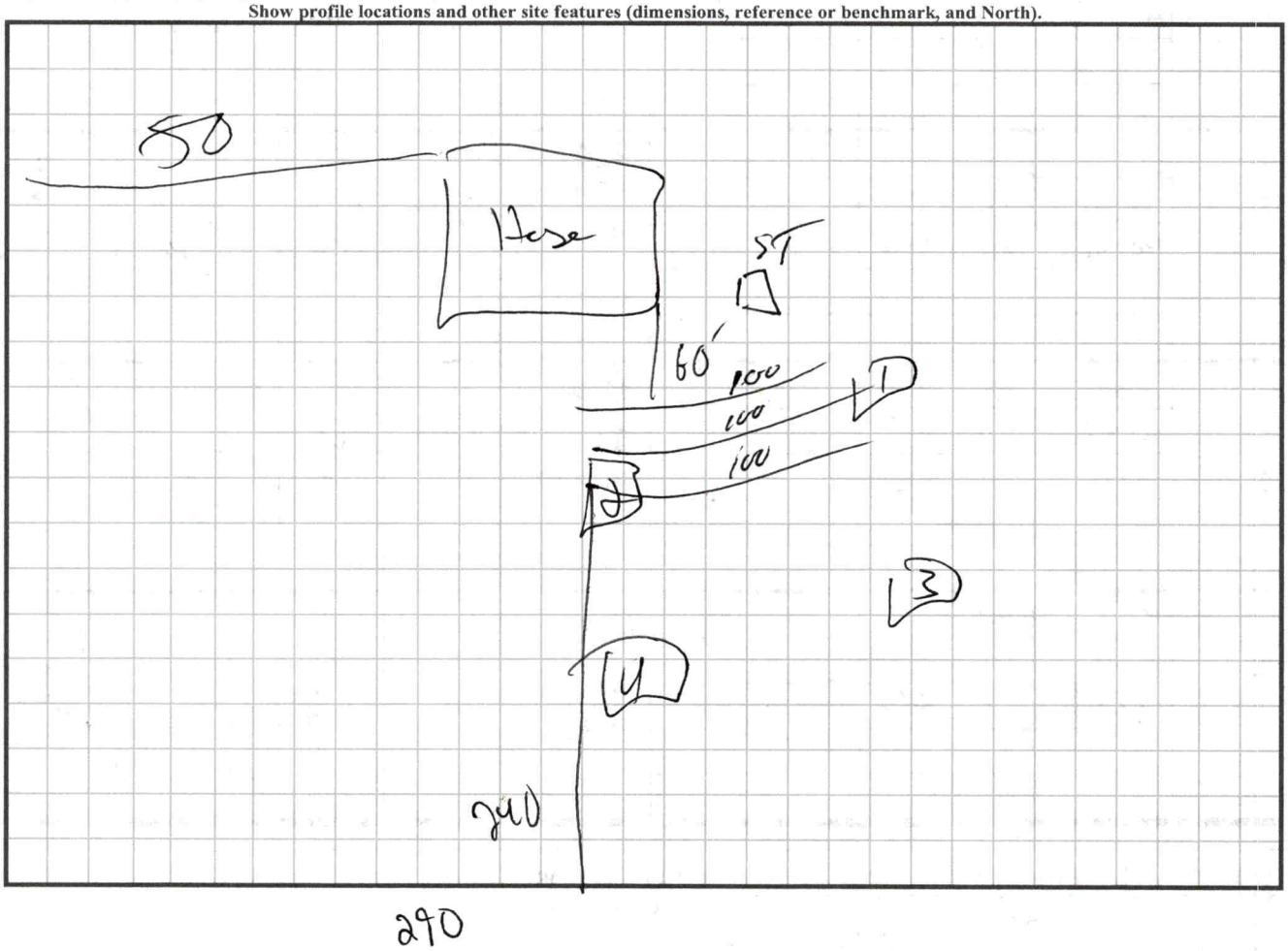
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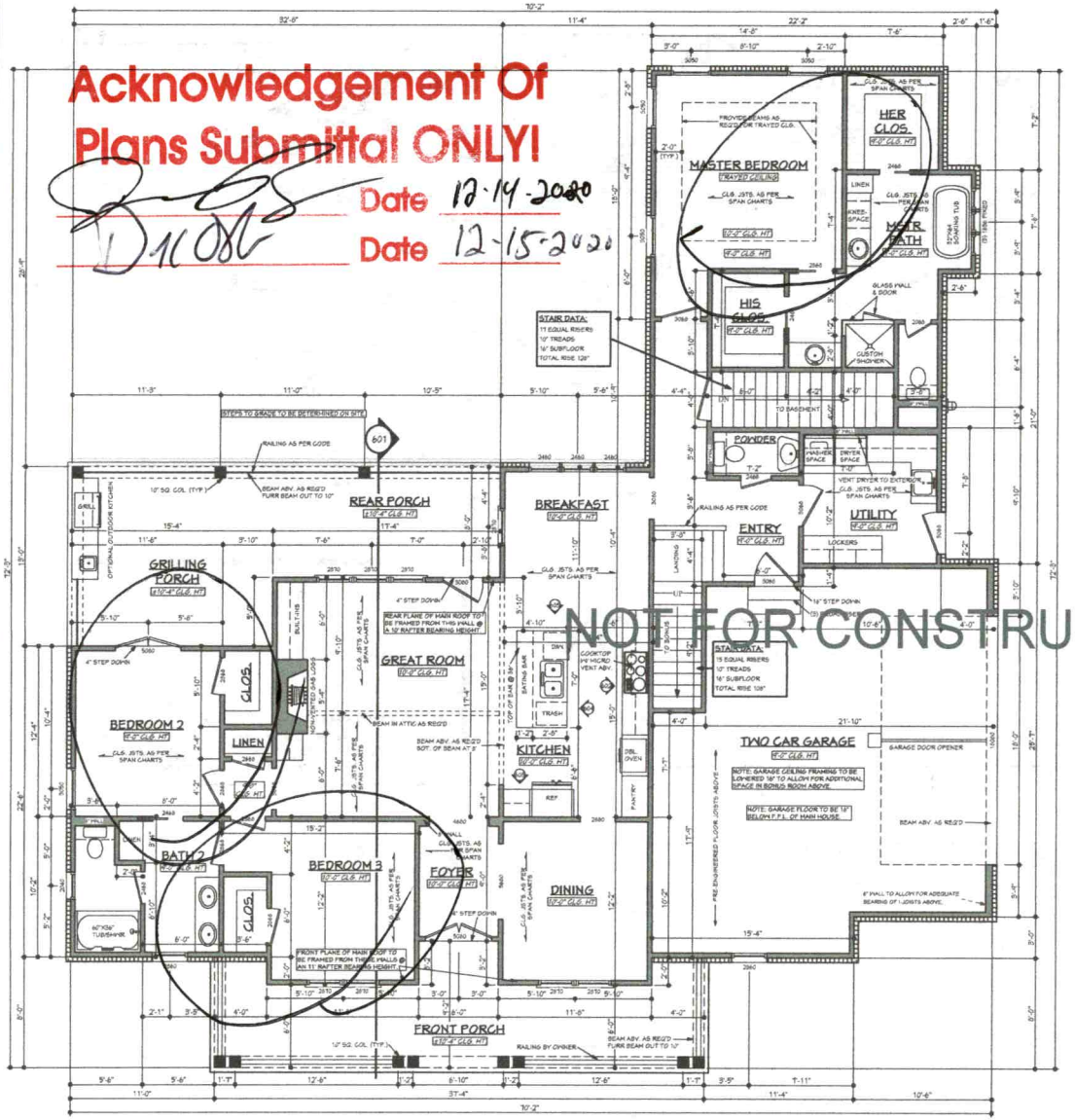
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).





Acknowledgement Of Plans Submittal ONLY!

Date 12-14-2020

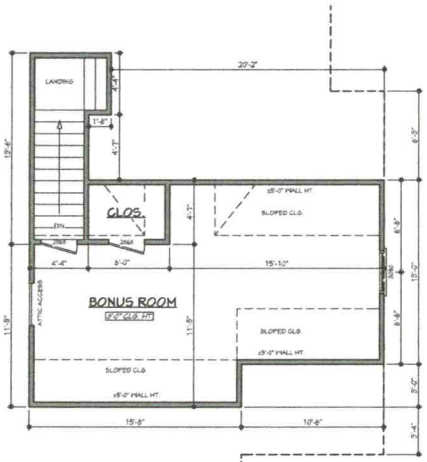
Date 12-15-2020

NOTE: HVAC UNITS AND WATER HEATERS TO BE LOCATED ON SITE.

FLOOR PLAN

SCALE: 1/4"= 1'-0"

AREAS:	2105	S.F. HEATED
	407	S.F. UNHEATED - BONUS ROOM
	259	S.F. UNHEATED - FRONT PORCH
	338	S.F. UNHEATED - REAR PORCH
	648	S.F. UNHEATED - GARAGE
	1652	S.F. TOTAL UNHEATED
	3757	S.F. TOTAL UNDER ROOF
		MASONRY NOT INCLUDED



BONUS FLOOR PLAN

SCALE: 1/4"= 1'-0"

NOTES:

1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION.
2. ALL FINISHES (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
3. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.
4. CONTRACTOR TO VERIFY ALL CLEARANCES OF ALL DOORS, WINDOWS AND OTHER ITEMS THAT ARE CRITICAL, PRIOR TO CONSTRUCTION.
5. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL APPLICABLE CODES AT SITE.
6. ALL BEAMS TO BE SIZED BY A LICENSED STRUCTURAL ENGINEER.
7. PORCHES, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THEN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW AT ANY POINT WITHIN 36 INCHES HORIZONTALLY SHALL HAVE GUARDS NOT LESS THAN 36 INCHES IN HEIGHT. OPEN SIDES OF STAIRS WITH A TOTAL RISE OF MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS NOT LESS THAN 34 INCHES IN HEIGHT MEASURED VERTICALLY FROM THE NOSING OF THE TREADS. INSECT SCREENING SHALL NOT BE CONSIDERED AS A GUARD. IRC 2015, R312.1.1 & R312.1.2
8. M1305.1.3 APPLIANCES IN ATTICS. ATTICS CONTAINING APPLIANCES SHALL BE PROVIDED WITH AN OPENING AND A CLEAR AND UNOBSTRUCTED PASSAGEWAY LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE, BUT NOT LESS THAN 30 INCHES HIGH AND 22 INCHES WIDE AND NOT MORE THAN 20 FEET LONG MEASURED ALONG THE CENTERLINE OF THE PASSAGEWAY FROM THE OPENING TO THE APPLIANCE. THE PASSAGEWAY SHALL HAVE CONTINUOUS SOLID FLOORING IN ACCORDANCE WITH CHAPTER 5 NOT LESS THAN 24 INCHES WIDE. A LEVEL SERVICE SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PRESENT ALONG ALL SIDES OF THE APPLIANCE WHERE ACCESS IS REQUIRED. THE CLEAR ACCESS OPENING DIMENSIONS SHALL BE A MINIMUM OF 20 INCHES BY 30 INCHES, AND LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE.
EXCEPTIONS:
a. THE PASSAGEWAY AND LEVEL SERVICE SPACE ARE NOT REQUIRED WHERE THE APPLIANCE CAN BE SERVICED AND REMOVED THROUGH THE REQUIRED OPENING.
b. WHERE THE PASSAGEWAY IS UNOBSTRUCTED AND NOT LESS THAN 6 FEET HIGH AND 22 INCHES WIDE FOR ITS ENTIRE LENGTH, THE PASSAGEWAY SHALL BE NOT MORE THAN 50 FEET LONG.
9. APPLIANCE ACCESS FOR INSPECTION SERVICE, REPAIR AND REPLACEMENT. APPLIANCES SHALL BE ACCESSIBLE FOR INSPECTION, SERVICE, REPAIR AND REPLACEMENT WITHOUT REMOVING PERMANENT CONSTRUCTION, OTHER APPLIANCES, OR ANY OTHER PIPING OR DUCTS NOT CONNECTED TO THE APPLIANCE BEING INSPECTED, SERVICED, REPAIRED OR REPLACED. A LEVEL WORKING SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PROVIDED IN FRONT OF THE CONTROL SIDE TO SERVICE AN APPLIANCE. INSTALLATION OF ROOM HEATERS SHALL BE PERMITTED WITH AT LEAST AN 18-INCH WORKING SPACE. A PLATFORM SHALL NOT BE REQUIRED FOR ROOM HEATERS.
M1305.1.1 FURNACES AND AIR HANDLERS. FURNACES AND AIR HANDLERS WITHIN COMPARTMENTS OR ALCOVES SHALL HAVE A MINIMUM WORKING SPACE CLEARANCE OF 3 INCHES ALONG THE SIDES, BACK AND TOP WITH A TOTAL WIDTH OF THE ENCLOSING SPACE BEING AT LEAST 12 INCHES WIDER THAN THE FURNACE OR AIR HANDLER. FURNACES HAVING A FIREBOX OPEN TO THE ATMOSPHERE SHALL HAVE AT LEAST A 6-INCH WORKING SPACE ALONG THE FRONT COMBUSTION CHAMBER SIDE. COMBUSTION AIR OPENINGS AT THE REAR OR SIDE OF THE COMPARTMENT SHALL COMPLY WITH THE REQUIREMENTS OF CHAPTER 11.
EXCEPTION: THIS SECTION SHALL NOT APPLY TO REPLACEMENT APPLIANCES INSTALLED IN EXISTING COMPARTMENTS AND ALCOVES WHERE THE WORKING SPACE CLEARANCES ARE IN ACCORDANCE WITH THE EQUIPMENT OR APPLIANCE MANUFACTURER'S INSTALLATION INSTRUCTIONS.
10. EMERGENCY ESCAPE AND RESCUE OPENINGS SHALL BE OPERATIONAL FROM THE INSIDE OF THE ROOM WITHOUT THE USE OF KEYS, TOOLS OR SPECIAL KNOWLEDGE. WINDOW OPENING CONTROL DEVICES COMPLYING WITH ASTM F 2090 SHALL BE PERMITTED FOR USE ON WINDOWS SERVING AS A REQUIRED EMERGENCY ESCAPE AND RESCUE OPENING. ALL SLEEPING ROOMS TO HAVE AN EXTERIOR ACCESS THROUGH A DOOR OR WINDOW WITH A MINIMUM OF 5.7 SQUARE FEET NET CLEAR OPENING AS PER IRC 2015 R310.2.1. EXCEPTION: GRADE FLOOR OR BELOW GRADE OPENINGS SHALL HAVE A MINIMUM NET CLEAR OPENING OF 5 SQUARE FEET. MAXIMUM SILL HEIGHT TO BE 44 INCHES. MINIMUM NET CLEAR OPENING HEIGHT TO BE 24 INCHES. MINIMUM NET CLEAR OPENING WIDTH TO BE 20 INCHES.
11. ALL RETURN AIR GRILLS ARE TO BE LOCATED TO COMPLY WITH SECTION M1602 OF THE IRC 2015
12. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.
13. FIRE SPRINKLER SYSTEM TO BE DESIGNED AND INSTALLED (IF REQUIRED BY LOCAL CODES) AS PER THE IRC 2015 AND BY A LICENSED PROFESSIONAL IN THE AREA OF CONSTRUCTION.
14. ALL BATHROOM EXHAUST VENTS SHALL BE VENTED DIRECTLY TO THE EXTERIOR OF THE HOME PER IRC 2015 M1507.2

NOT FOR CONSTRUCTION

HOUSE PLAN ZONE
Designing Homes Building Relationships
Website: www.HPZplans.com
Email: sales@hpzplans.com
Phone: 801.336.3254
Fax: 1.800.574.1387
N·C·B·D·C NATIONAL COUNCIL OF BUILDING DESIGNERS & CERTIFICATION
JONATHAN L. BOONE IDENTIFICATION NO. 05-137

Pre-Drawn Plan ID: 1993-S-BR

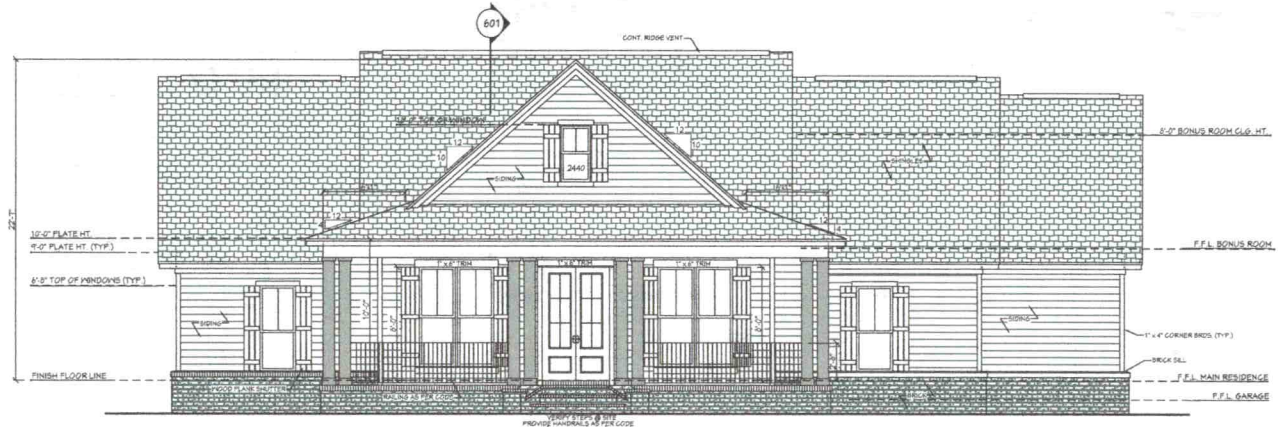
House Plan Zone, LLC. has exercised great care and effort in the preparation of these plans and the suggestion of these construction documents. However, due to the great variance in building codes and site specific conditions, House Plan Zone, LLC. assumes no responsibility for errors or omissions in these plans or other documents which may be prepared from these plans. It is recommended that these plans be reviewed by a licensed structural engineer in the area of construction. House Plan Zone, LLC. highly recommends that these plans be reviewed by a licensed professional engineer in the area of construction. It is the responsibility of the owner and/or contractor to determine the suitability of these plans for construction in their area and to comply with all other special conditions required by local building codes. All dimensions to be verified on site prior to construction. If a foundation plan has been provided these plans are designed specifically for the soil conditions noted on the foundation plan. We have no control over the construction or any other phase of work and have no responsibility for any deviation from these plans.

Date: 02.01.17

Drawn By: A.L.B.

Project Name:

SHEET NUMBER 3



401 **1993-S-BR FRONT VIEW**

SCALE---------- 1/4" = 1'-0"

EXTERIOR ELEVATION NOTES:

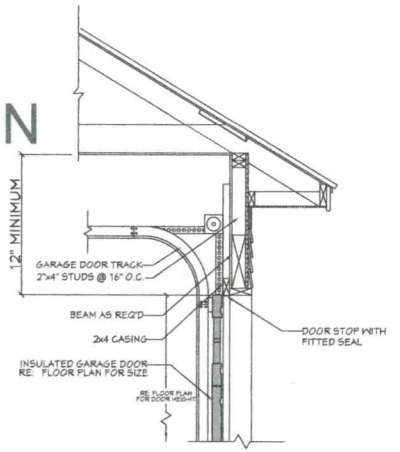
1. CONTRACTOR TO VERIFY ALL WINDOW AND DOOR STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION.
2. PROVIDE STEPS AND GUARD RAILS AS PER CODE BASED ON SITE CONDITIONS.
3. GROUND LINES SHOWN FOR REFERENCE ONLY AND VARY DEPENDING ON SITE CONDITIONS.
4. ALL FINISH MATERIALS TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
5. REFER TO TYPICAL WALL DETAIL FOR FRAMING METHODS AND OTHER MISC. INFORMATION.
6. CONTRACTOR TO PROVIDE ADEQUATE ROOF VENTILATION AS REQ'D BY CURRENT CODES.

NOT FOR CONSTRUCTION



402 **REAR VIEW**

SCALE---------- 1/4" = 1'-0"



403 **GARAGE DOOR CLEARANCE**

SCALE---------- N.T.S.

THE INTENT OF THIS DETAIL IS TO SHOW THE MINIMUM REQUIRED DISTANCE FROM THE TOP OF THE GARAGE DOOR OPENING TO THE CEILING OF THE GARAGE.

HOUSE PLAN ZONE
Designing Homes Building Relationships
Website: www.HPZplans.com
Email: sales@hpzplans.com
Phone: 601.336.3254
Fax: 1.800.574.1387
N·C·B·D·C NATIONAL COUNCIL OF BUILDING DESIGNERS & CERTIFICATION
JONATHAN L. BOONE CERTIFICATION NO. 25-137 TX

Pre-Drawn Plan ID: 1993-S-BR

House Plan Zone, LLC. has exercised great care and effort in the development of these plans and the completion of these construction documents. However, due to the great variance in building codes and site specific conditions, House Plan Zone, LLC. assumes no responsibility for errors or omissions in these documents. Builder is responsible for verifying all dimensions and conditions. House Plan Zone, LLC. highly recommends that these plans be reviewed by a licensed architect or engineer in the area of construction prior to construction. House Plan Zone, LLC. is not responsible for any deviations from these plans that may be required by architects or engineers due to other codes or conditions. Builder is responsible for verifying all conditions prior to construction. If a foundation plan is not provided, the construction drawings are not complete and must be engineered and completed.

Date: 02.01.17

Drawn By: A.L.B.

SHEET NUMBER 4

p.ls 12-11-2020

RECEIVED NOV 25 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-312827 $600.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: MICHAEL BOOZE Address: 149 OLD MILL FARM RD., LEXINGTON, NC Zip: 27295

Applicant Email: mp_booze@outlook.com Phone: 336-955-2059 Alt. Phone: 336-414-4439

Owner Name: MICHAEL BOOZE Address: SAME AS ABOVE Zip: _____

Owner Email: SAME AS ABOVE Phone: SAME AS ABOVE Alt. Phone: SAME AS ABOVE

Property Information:

Street Address: 762 BROOKHAVEN RD. STATESVILLE, NC (Parcel PIN/PID - 4811-14-7655)

Subdivision Name: N/A Section/Phase: _____ Lot Number: _____

Driving Directions: CORNER OF MOUNTAINVIEW RD AND BROOKHAVEN RD. STATESVILLE NC

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (X) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 2

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

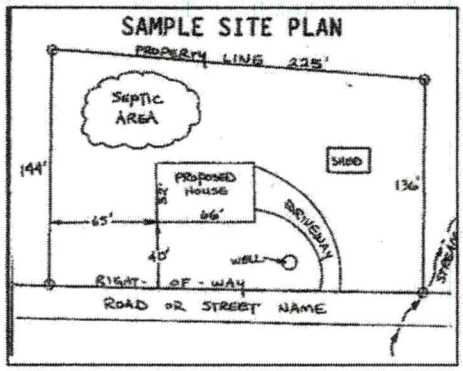
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 11/24/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

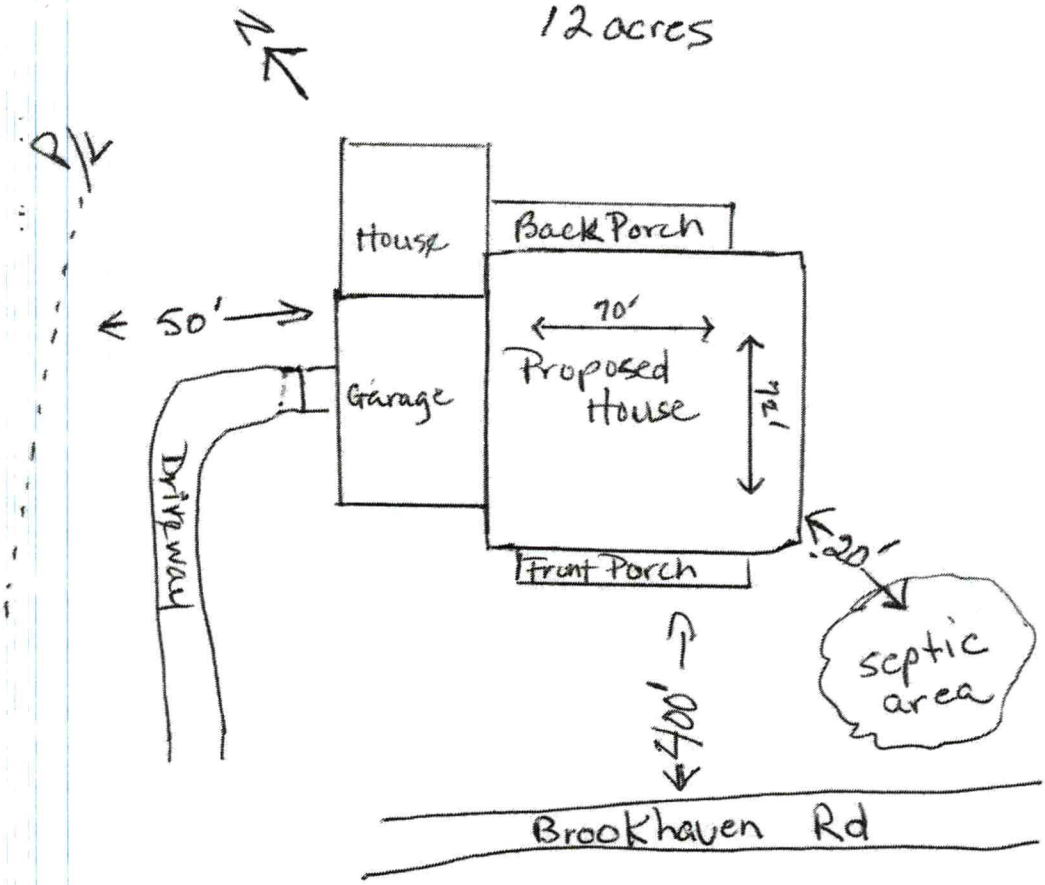
- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- ( ) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **North arrow, or other sufficient indicator of direction**

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property (N/A)
Location of easements and rights of ways on your property (N/A)
Location of any designated wetlands on the property (N/A)

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____ _____

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

DigiSign Verified: E5CD3AC5-34ED-4473-B0FE-D4B6C40E8B17

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, Aldina Pearson, am the legal owner(s) of the property located at 762 Brookhaven Rd Statesville NC 28625, identified as PIN (Parcel Identification Number) 4811147655.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Booze, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Aldina Pearson _____ 11-24-2020

Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

Complete all Environmental Health forms:
- Application
- Site Plan with dimensions of proposed structure, addition, pool etc.
- Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- Copy of Zoning Permit when applicable
- Sign this sheet after you have completed all items

Lot must be cleared of heavy undergrowth. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

Clearly mark all property corners by locating existing iron or concrete markers. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted. The proposed structure, etc. **must be staked** out on the property as per the site plan.

If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- All utilities shall be marked before pits are dug. Call NC 811 for this service.
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 11/24/2020

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
312827 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4811147655.000	762 BROOKHAVEN RD	Iredell County

Owner Information	Applicant Information
Name: PEARSON ALDINA J	Name: Michael Booze
Address:	Address: 149 Old Mill Farm Rd Lexington , NC 27295
Phone:	Phone: (336)955-2059

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
12.138	35	35	15	15	WSIV-PA South Yadkin	NO

Remarks
sfd

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 11/20/2020

Signature of Owner/Contractor

Permit Number	312827	TOTAL FEES:	$77.25

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)878-3171

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
N/A

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 3 and stories? 1

Please describe project (Details, Purpose, or Use): Single Family Residence

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 2,000

Does the property have community water? Yes (No) If yes, please list who provides it: ___

Does the property have community sewer? Yes (No) If yes, please list who provides it: ___

Owner Information

Property Owner's Name Michael Booze Phone # 336-955-2059

Owner's Current Address 149 Old Mill Farm Rd., Lexington, NC 27295

Property Information

Property Address Brookhaven Rd. Statesville Parcel # 4811-14-7655

Subdivision:___ Lot:___ Zoning:___ Watershed: Y / N Flood Plain: Y / N Township:___

Directions to property (from a MAIN ROAD) corner of Mountainview Rd and Brookhaven Rd, Statesville, NC

Application Information

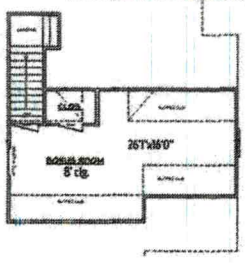
Applicant's Name or Company Michael Booze Applicant's Phone # 336-955-2059

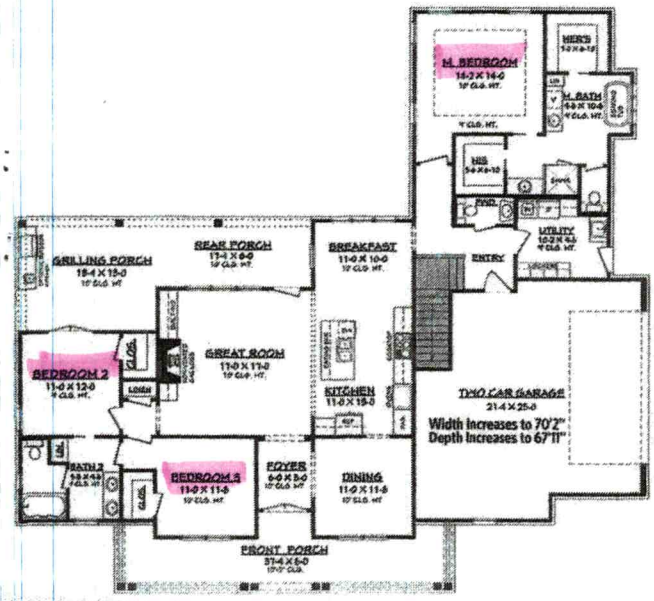
Applicant's Address 149 Old Mill Farm Rd, Lexington, NC 27295

If Company, Representative's Name and Title ___

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT Michael Booze DATE 11/12/2020


CLOS.
BONUS ROOM
8' clg.
26'1"x16'0"


M. BEDROOM
16-2 X 14-0
10' CLG. HT.
HERS
M. BATH
9' CLG. HT.
LIN.
LINEN
HIS
LAUND.
UTILITY
9' CLG. HT.
ENTRY
REAR PORCH
11-4 X 6-0
10' CLG. HT.
GRILLING PORCH
18-4 X 13-0
10' CLG. HT.
BREAKFAST
11-0 X 10-0
10' CLG. HT.
GREAT ROOM
11-0 X 17-0
10' CLG. HT.
BEDROOM 2
11-0 X 12-0
9' CLG. HT.
CLG.
LINEN
KITCHEN
11-0 X 13-0
DW
REF.
RANGE
COUNTER
BATH 2
7'2" X 5'0"
9' CLG. HT.
BEDROOM 3
11-0 X 11-5
10' CLG. HT.
FOYER
6-0 X 5-0
10' CLG. HT.
DINING
11-0 X 11-5
10' CLG. HT.
TWO CAR GARAGE
21-4 X 25-0
Width increases to 70'2"
Depth increases to 67'11"
FRONT PORCH
37-4 X 5-0
10'-0" CLG.

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
WEB8470

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$500.00**
AP-312827 Address: 762 BROOKHAVEN RD APN: 4811147655.000			**$500.00**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
TOTAL FEES PAID BY RECEIPT:WEB8470			**$500.00**

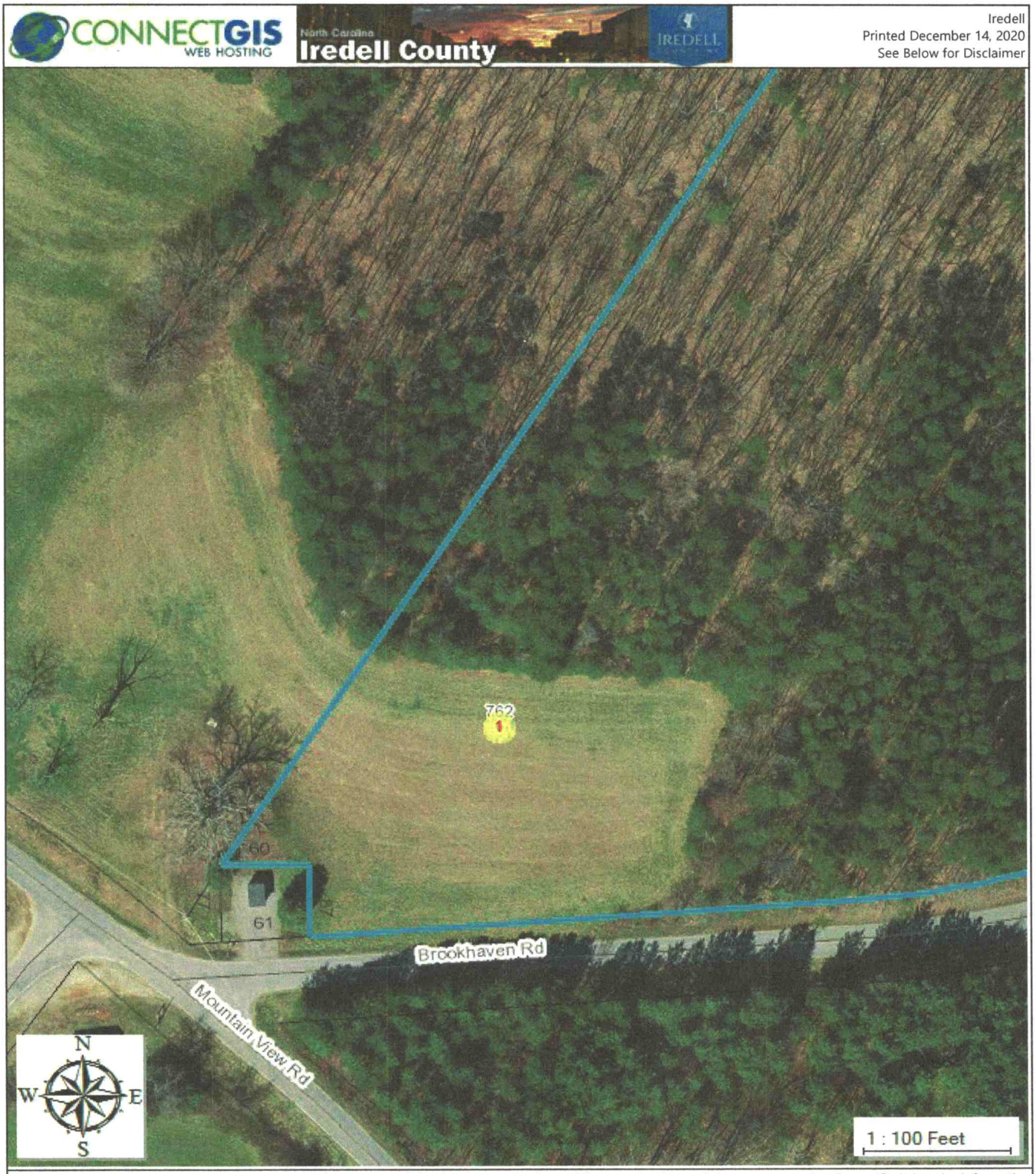
Date Paid: Wednesday, November 25, 2020

Paid By: Michael Booze

Cashier: EPRS

Pay Method: CREDIT 01085B

SUPERION



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.